Heinecke
Family Dentistry

Dr. Philip N. Heinecke

103 Bell Ave. Brooksville, FL 34601

7135 Mariner Blvd. Spring Hill, FL 34609

I _____ authorize Dr. Heinecke, or any designated party at Heinecke Family Dentistry to discuss my dental treatment with _____ whose relationship to me is _____.

This authorization will remain in effect until a written letter by patient. This will also authorize Heinecke Family Dentistry to discuss all dates of treatment unless otherwise stated in writing by patient.

Patient Signature _____

Date _____

Witness _____

(received or reviewed a copy of the HIPAA Privacy Polices)